## PART B - FEE(S) TRANSMITTAL

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appropriate. All further cor indicated unless corrected to maintenance fee notification	respondence including the local policy or directed otherwise is.	Patent, advance or in Block 1, by (a	ders and noti ) specifying	ification a new c	of maintenance fees orrespondence address	will be mailed s; and/or (b) in	to the current	correspondence address a	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 10/24/2005				4	Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.				
GRAYBEAL JACKSON HALEY LLP Suite 350 155-108th Avenue N.E. Bellevue, WA 98004-5973			JAN 2 7 2006		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.  Kelly Pedersen  (Depositor's name)				
01/30/2006 EHAILE2 00	178	PARADEMARKON		KellyPedusen			(Depositor's name) (Signature)		
1 FC:1501 1400.00 OP 2 FC:1504 300.00 OP					January 024, 2006			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INV		TOR ATTORNEY DOCKET NO		DOCKET NO.	CONFIRMATION NO.	
10/715,338	11/17/2003	Albino Pidutti				2110	-87-3	2402	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PI	UBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		<u>.                                    </u>	\$300	\$1700		01/24/2006	
•	EXAMINER		ART UNIT		LASS-SUBCLASS	]			
MIS, DAVID C		2817			331-111000	_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Lisa K. Jorgenson  2 Bryan A. Santarelli  Graybeal Jackson Haley LLI						
	RESIDENCE DATA TO B								
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on for filin	the patent. If an assig g an assignment.	nee is identifi	ed below, the d	locument has been filed fo	
(A) NAME OF ASSIGN	EE	(B	) RESIDENO	CE: (CIT	Y and STATE OR CO	UNTRY)			
	tronics S.r.1.		_		nza (MI), It	•		_	
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	oatent):	☐ Individual 🖾 🤇	Corporation or	other private gr	oup entity Governmen	
4a. The following fee(s) are	enclosed:		. Payment of						
Issue Fee					mount of the fee(s) is e				
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	(from status indicated above MALL ENTITY status. See			cant is n	o longer claiming SMA	ALL ENTITY	status. See 37 C	FR 1.27(g)(2).	
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Authorized Signature	14m	1//			<sub>Date</sub> Ja	nuary 24	, 2006		

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